



LEAST RESTRICTIVE ENVIRONMENT

Nichole Cunha, LCSW
Davis Behavioral Health


A stack of nine smooth, light-colored stones is balanced on a dark, textured surface. The stones are arranged in a slightly tapered column, with the top stone being the smallest and the bottom stone being the largest. The background is a soft, out-of-focus gradient of light brown and beige. The text "LEAST RESTRICTIVE ENVIRONMENT: A STRATEGY FOR TREATMENT" is overlaid in white, sans-serif capital letters across the lower portion of the image.

LEAST RESTRICTIVE ENVIRONMENT: A STRATEGY FOR TREATMENT

The origin

Civil Rights movement ideologies impact mental health system.

Fundamental Principles Initiating the Movement



Belief that
mental hospitals
were inhumane

The new frontier
of antipsychotics

Presumed
economic
savings

SMI and the confinement trade

Before

- Mental institutions

Now

- Nursing Homes
- Intermediate Care Facilities
- Jails
- Prisons
- Homelessness

The problems facing clinicians today

Lack of
facilities for
transients

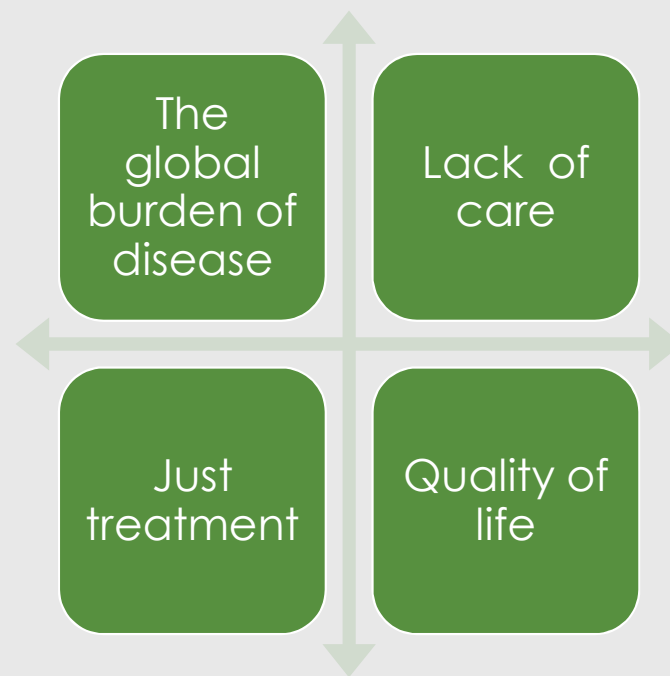
Workforce
shortages

Insufficient
programming

Insufficient
medication
management

Lack of follow
up/wrap
around

Client Impacts





CLINICIANS HAVE THE DUTY TO
PROTECT CLIENTS, OR OTHERS,
FROM SERIOUS AND
FORESEEABLE HARM

C

The foundation:

ETHICS

- Serve the higher good

Laws

- Mandatory requirements

Criteria to consider when evaluating risk



SERIOUS THREAT



FORESEEABLE
CIRCUMSTANCES



REASONABLE
PRACTITIONER

What happened?

- Managed Care: Caring for MH clients, suicidal clients, is expensive
- Insufficient research and workforce training: Caring for suicidal clients can be intimidating, clinicians fear lawsuits and death of clients
- Inadequate programming: One size fits all approach with lack of supportive services led to increase of hospitalizations
- Inpatient MH treatment can be traumatizing; EDs and inpatient units lack therapeutic approach; lack of coordination or follow up care post ED visit or hospitalization

The existing paradigm of thinking:

Suicidality is secondary to mental disorder: Treat the mental illness and suicidality will get better.



The future of suicide treatment

Addressing suicide in addition to the mental health disorder, allows the clinician to explore the deeply personal relationship that suicidal thinking holds with the client.

WHAT
CAN WE
DO?

A Stepped Care Model for Suicide Care

Stabilization Planning +
Lethal Means Safety +
caring follow-up used
throughout the model

Suicide-specific Care at Each Step
From Least to Most Restrictive Intervention

Suicide-specific care that is
evidence-based, least-
restrictive, and cost-
effective...



Stepped Care Model:

Less restrictive care can be less expensive:
Not that inpatient care is not available
when warranted, but that people are
offered alternatives

- Crisis support and follow up
- Brief intervention and follow up
- Suicide specific outpatient
- Emergency respite care
- Partial Hospitalization, with suicide specific treatment



Crisis Support and Follow Up

Immediate access to:

- *Support*
- *Crisis Stabilization*
- *Referral to critical resources*

Paired with:

*Full range of mental
health follow up care*



Brief Intervention and Follow Up

Show promise to stabilize psychiatric crises

- Information, Education , Coping Interventions
- Safety Planning (Stanley Brown/Crisis Response Plan)

Suicide Specific Outpatient

- Collaborative Assessment and Management of Suicidality (CAMS)
- Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
- Brief Cognitive Behavior Therapy (BCBT)
- Dialectical Behavior Therapy (DBT)

Also:

- Caring Connections
- Counseling on Access to Lethal Means

Emergency Respite

An alternative to inpatient/emergency department utilization for mental health and suicidal crises. Feels more like a home than a hospital. Providing:

- Continuity of care transitions and resources
- Follow up services after visit
- Peer with lived experience as staff

Partial Hospitalization

Structured outpatient level of care that provide intense support during the day and does not require an overnight stay

Hospitalization

Inpatient, most restrictive, costly option for addressing suicidal risk:

- Provides safety function for reducing risk during stay
- Lack suicide specific treatment, frequently not incorporated into the continuum of care
- Does not correlate with increased safety or reduction of suicidal/mental health crises post discharge

Overview and takeaways:

- Consider the history and implications of “least restrictive environment”
- Always weigh client impact of your decision when considering ethical and legal decisions
- Challenge outdated paradigms of thinking with suicide specific programming
- Utilize the full continuum of services in your community with a stepped care model of suicide
- Advocate for increased resources for your clients, friends, and family members

Questions?

- Feel free to contact me:

Nicholec@dbhutih.org